



PUBLIC PROTECTION CABINET

Department of Housing, Buildings and Construction

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Larry R. Bond
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Jack L. Coleman
Deputy Commissioner

Kentucky Temporary Structures (KTS)

KTS Site Placement Application

NOTE: Indicate the Manufacturer's Model # _____ DOES THIS TENT HAVE KY TENT MODEL APPROVAL? _____

NAME OF PERSON SUBMITTING PLANS _____		IS THE SITE REVIEW FEE INCLUDED WITH PLANS?	
PHONE () _____ - _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
MAILING ADDRESS: _____			
NUMBER / STREET, HWY, ROAD or P. O. BOX		CITY	STATE ZIP CODE
BUSINESS & PROJECT NAME: _____			
PROJECT LOCATION: _____			
NO / STREET, HWY or ROAD (Please do not indicate P.O. Box or Postal Routes)		CITY	COUNTY
OWNER OR CUSTOMER: _____			
PHONE () _____ - _____			
MAILING ADDRESS: _____			
NUMBER / STREET, HWY, ROAD or P. O. BOX		CITY	STATE ZIP CODE
ARCHITECT (NAME & FIRM) _____			
PHONE () _____ - _____			
AS THE ARCHITECT LISTED ABOVE, I AM RESPONSIBLE FOR CONSTRUCTION CONTRACT ADMINISTRATION. <input type="checkbox"/> YES <input type="checkbox"/> NO			
MAILING ADDRESS: _____			
NUMBER / STREET, HWY, ROAD or P. O. BOX		CITY	STATE ZIP CODE
DEALER NAME: _____			
PHONE () _____ - _____			
MAILING ADDRESS: _____			
NUMBER / STREET, HWY, ROAD or P. O. BOX		CITY	STATE ZIP CODE
MANUFACTURER NAME: _____			
PHONE () _____ - _____			
MAILING ADDRESS: _____			
NUMBER / STREET, HWY, ROAD or P. O. BOX		CITY	STATE ZIP CODE
SITE CONTRACTOR: _____			
PHONE () _____ - _____			
MAILING ADDRESS: _____			
NUMBER / STREET, HWY, ROAD or P. O. BOX		CITY	STATE ZIP CODE
BUILDING INFORMATION			
NUMBER OF TENTS IN THIS SUBMITTAL: _____ USE OF TENTS i.e.... COOKING, SALES, DANCING,,DINING or other (please specify) _____			
IF NOT A TENT WHAT TYPE OF TEMPORARY STRUCTURE IS BEING SITED : <input type="checkbox"/> PERFORMING STAGE <input type="checkbox"/> ELEVATED FLOOR SYSTEM <input type="checkbox"/> OTHER: _____			
TENT/ STRUCTURE MEASUREMENTS: _____ WIDE BY _____ LONG TOTAL AREA IN NEW BLDG. OR ADDITION: _____ FT. ²			
WHAT DATES WILL THIS TENT/STRUCTURE BE PLACED ON SITE? _____			
KTS SITE SUBMITTAL CHECKLIST THE SITE SUBMITTAL SHALL INCLUDE THE FOLLOWING:			
<input type="checkbox"/> Site Plan w/ tent location/distances to adjacent buildings and property lines			
<input type="checkbox"/> Anchoring details based on reaction factors			
<input type="checkbox"/> Floor plan including emergency lighting and exit sign locations			
<input type="checkbox"/> Operational manuals per Model Approval			
<input type="checkbox"/> Dates of temporary use			
<input type="checkbox"/> Emergency shut down procedures due to severe weather including the maximum wind speed before evacuation (not to exceed 75% of deigned listed wind speed)			

